

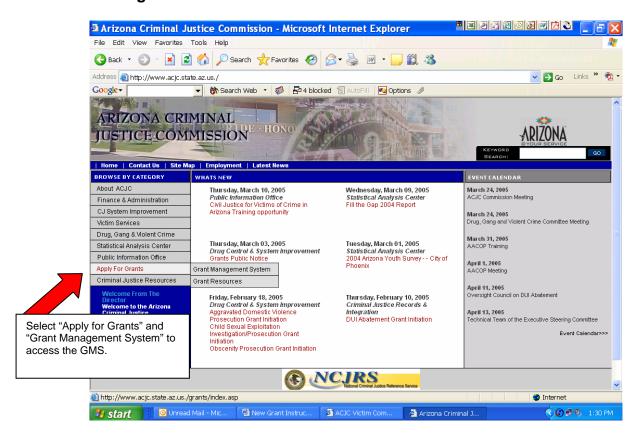
Welcome to the Arizona Criminal Justice Commissions Grant Management System.

Please print this document and use it as a reference while you are using this system.

To begin got to: http://www.azcjc.gov

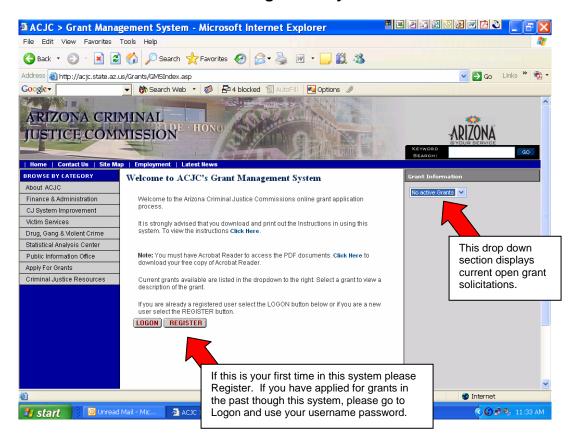
To enter the Grant Management System please read and follow the directions below:

Home Page



Hover your mouse over the "Apply for Grants" button on the left hand side of our home page. Move your mouse over to the "Grant Management System" (GMS) button and select with a left mouse click.

Welcome to ACJC's Grant Management System

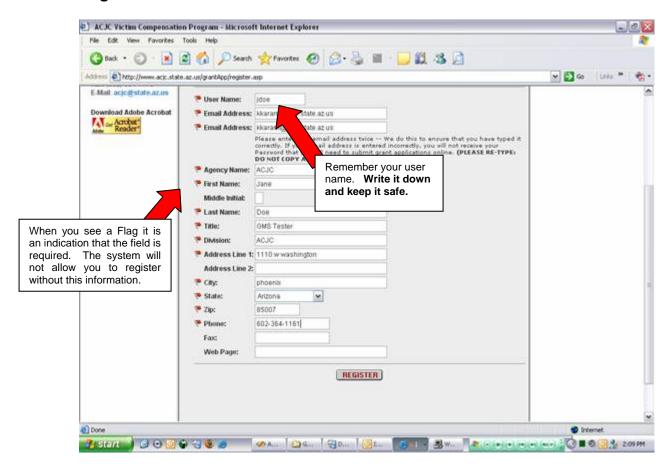


The "LOGON" and "REGISTER" buttons are used to *logon* to the Grant Management System (GMS) Register only once. If you have already registered, and have received a password, you do not need to re-register. If you are a new user please *register* to establish a new account by selecting the "REGISTER" button. Please register only once.

The "Grant Information" list on the right side of the page will display all the current open grant solicitations available on the Grant Management System. When selecting a grant from the dropdown, a description of the grant will be displayed below.

User Tip: If your old password does not work re-register.

Registration Screen



Fill out this form making sure you fill out ALL the required fields (required fields are displayed by a red flag to the left of the field). Make sure you write down, save or remember your **User Name**. You will need it along with your assigned password to gain access to the system. Register one time only.

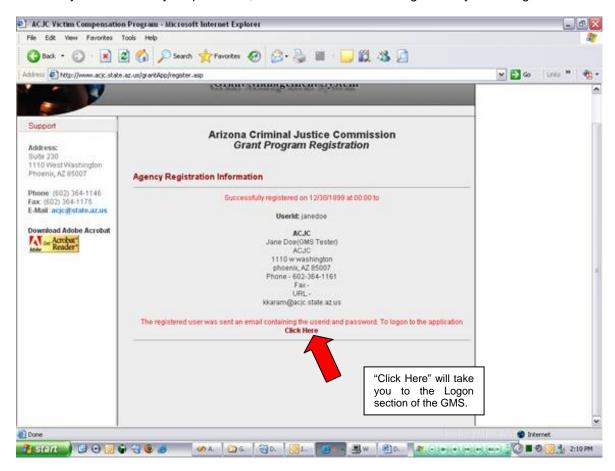
When you have finished filling out the form, select the REGISTER button at the bottom of the form.

After submitting the form you will be emailed your password.

User Tip: Complete all lines with flags.

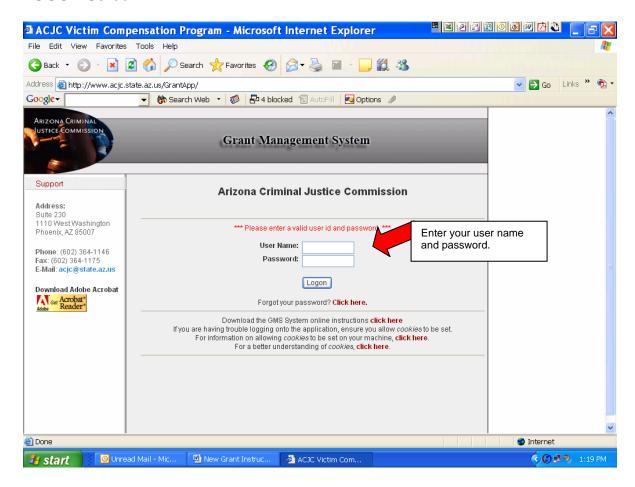
Confirmation Page

The confirmation page will give you a summary of your registration details. When you have received your email with your password, select the "Click Here" to go directly to the logon screen.



User Tip: You will not be able to logon until you receive an email from ACJC with your password.

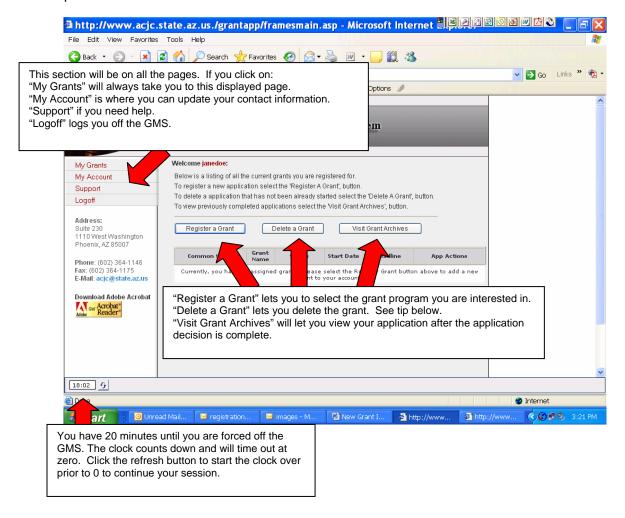
LOGON Screen



If you are already registered, just type in your User Name and Password in the proper text fields and select LOGON.

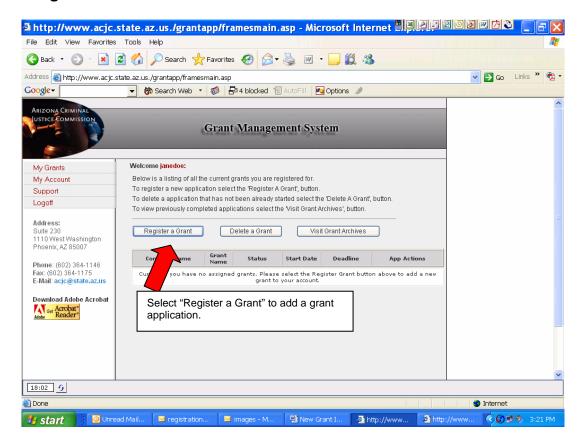
Once Logged in

A quick orientation:



User Tip: You may "Delete a Grant" if you have not started filling out the grant information.

To Register a Grant



When you initially log into My Grants you do not have any assigned grants in your user account.

Select the "Register a Grant" button to start your grant application.

To assign a grant to your account select the "**Register a Grant**" button. Select a grant program from the pull down menu.



Type in a "Common Name" for this application and select "Register". You may register multiple grant applications within each grant program by using a **different** "Common Name" for each application. Common names can be the name of the project. This is especially helpful if you are submitting more than one application for a grant program.

You may repeat the process of adding grants to your account for any other grants you are qualified to apply for.

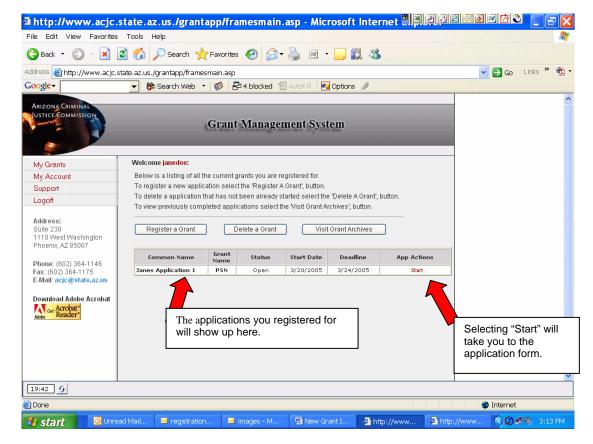
Deleting an Application

If you by chance selected the wrong grant, you may "Delete a Grant" by select this button and highlight the "Common Name" of the application you wish to delete.



User Tip: Once you have **started** a grant you will be unable to remove the grant from your account.

Starting the Application



On this page you will see the grants available to be filled out. The listing includes the "Common Name" (your choice), the Grant Name, the status, the application deadline, and application action.

Select the "Start" link on the grant you wish to start and you will head to the application form.

User Tip: Keep an eye on the timer in the lower left corner, you will time out after 20 minutes of inactivity on the GMS. Click • to continue your session.

Filling out the application form:

User Tips:

- To save time, verbiage can be created in another word processing file such as Microsoft Word or Corel WordPerfect and can be cut and pasted into any section of this form.
- You may want to place your mouse over a flag on the form to reveal the rules required for that individual field.
- Save by clicking the SAVE or SAVE & EXIT button after completing each section or you will loose your work.
- Keep an eye on the timer in the lower left corner, you will time out after 20 minutes of inactivity on the GMS. Click to continue your session.

Section I - Agency

1. General Information

Federal Id: Provide the requesting agency's Federal Identification Number/Employer Identification Number.

Grant Purpose: Some grant programs have this section, please select the area best suited to your program.

Continuation Request: Select "Yes" if your agency plans to continue a previously implemented project which was funded from the Grant, otherwise, select "No".

2. Applicant Agency

Provide relevant information for the agency responsible for administering the grant funds as a direct grantee from the Arizona Criminal Justice Commission. The following fields are required: **Agency Name:**

Address Line 1:

City: State: Zip Code: Phone: Fax:

3. Participating Agencies

Agency Names: List the names of all agencies actively participating in the grant funded project. Provide only the agency name. An example is provided below:



4. Authorized Official

Provide the information of the person authorized by the Applicant Agency (as indicated above in Item 2) to enter into a binding contract with the Arizona Criminal Justice Commission. The following fields are required:

Agency Name: Last Name: First Name: Title: Address Line 1:

City:
State:
Zip Code:
Phone:
Fax:

5. Project Official

Provide the information of the person who will maintain primary responsibility for the administration and supervision of the grant funded project. The following fields are required:

Agency Name: Last Name:

First Name:

Title:

Address Line 1:

City: State: Zip Code: Phone: Fax:

6. Financial Officer

Provide the information of the person responsible for fiscal matters relating to the project, including accounting, fund management, verification of expenditures and financial reporting. The following fields are required:

Agency Name: Last Name: First Name:

Title:

Address Line 1:

City: State: Zip Code: Phone: Fax:

7. Project Title

Project Title: Provide a title of the project.

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Section II - Project

1. Problem Statement

Provide a narrative explanation of your agency's problem including the benefits that will be realized through the awarded grant funds. Clearly state the problem being sure to include research, statistics and related information.

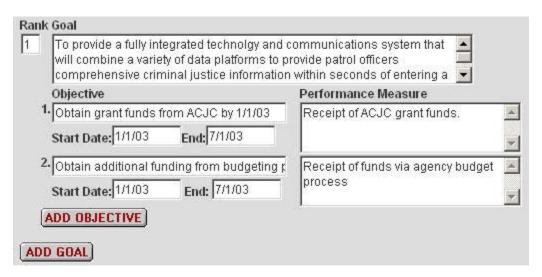
2. Project Description

Explain in detail how your agency will plan, organize, staff, direct and use resources to address the problems described above. What specific activities, including an estimated completion date and the date on which all funds are expected to be expended or encumbered.

3. Project Goals, Objectives, and Timelines

Describe the broad, overall goals this project is expected to achieve in addressing the problems identified above. Also list the specific quantified objective the agency expects the project to attain. Objectives must be descriptive in terms of measurable, observable events the agency realistically expects to accomplish, give available time and resources. Objectives are clearly identifiable points in a project or set of activities that commonly denotes a reporting requirement or completion of a key component of a project. These may be adjusted following the grant award if the amount of funding is less than requested. Goals and objectives must detail how this project will impact the accuracy, completeness, timeliness and/or automation of criminal justice records, including arrest and/or disposition information. A timeline needs to reflect the projected completion date for each goal and objective. Also, provide information regarding performance measures and evaluation criteria which will be used to demonstrate progress toward the described goals and objectives or otherwise show the degree of success of your project. Each application requires a minimum of one goal with at least one objective. Click on the "Add Objective" button to further detail the steps within the goal. Add as many goals as necessary to fulfill the project.

Each goal must be ranked in numerical order, with one (1) being highest funding priority. Duplication in rank will not be accepted, each rank must be unique. An example is provided below:



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Section III - Budget

1. Personnel

Provide a detailed description of the personnel involved in the project. Detailed information, such as position title(s), duties to be performed and number of h ours to be worked on the project must be included. This is not a recurring grant program, so be advised that salaries will not be funded beyond the grant period.

1a. Full Time/Part Time

The following fields are required:

Position Title: Identify and describe the position(s) to be funded by the grant program.

Full Time/Part Time: Identify whether the funds requested will provide for a full time or part time employee.

Positions: Provide the number of full time employees as identified in the description.

Annual Salary: Provide the annual salary for the employee identified in the description.

Subtotal Salary: This field is automatically calculated by multiplying hours and rate when the page is saved. No data

entry required.

ERE Rate: Provide the rate, as a percentage, of employee related expenses for the employee identified in the

description.

ERE Subtotal: This field is automatically calculated by multiplying hours and rate when the page is saved. No data

entry required.

Total P/S & ERE: This field is automatically calculated by multiplying hours and rate when the page is saved. No data entry required.

1b. Overtime

The following fields are required:

Description: Identify and describe the position(s) to be funded by the grant program.

Hours: Provide the number of hours the employee will work on the grant funded project. Keep in mind a year of full

time work is estimated at 2,080 hours.

Hourly Wage: Provide the hourly rate that the agency plans to pay the employee identified in the description.

Total: This field is automatically calculated by multiplying hours and wage when the page is saved. No data entry

required.

2. Consultant/Contractual Services

Identify any request for funds to be used to pay for the services of individuals or firms outside of your agency. Click

"Add Line Items" button for multiple entries. The following fields are required:

Type of Service: Identify and describe the services to be provided (i.e. software development). Limit to 100

characters.

Hours: Identify the number of hours of services to be performed by consultant.

Rate: Identify the hourly rate payable to the consultant.

Total: This field is automatically calculated by multiplying hours and rate when the page is saved.

No data entry required.

3. Travel (In State)

Provide a detailed explanation of any project related in-state travel. Identify the purpose of the proposed travel and its

relationship to the grant funded project. The following fields are required:

Type of Expense: Identify the type of expense requested (i.e. airfare, lodging, mileage, per diem, etc.)

Units: Identify the number of units to be funded (i.e. Two **(2)** employees' airfare from Phoenix to Yuma). Enter the

number as a numeral.

Amount: Identify the cost per unit of the related expense (i.e. cost per mile, lodging per night, airfare per person,

etc.). Use agency policy for mileage allowance.

Total: This field is automatically calculated by multiplying hours and rate when the page is saved. No data entry required.

4. Travel (Out of State)

Provide a detailed explanation of any project related out of state travel. Identify the purpose of the proposed travel

and its relationship to the grant funded project. The following fields are required:

Type of Expense: Identify the type of expense requested (i.e. airfare, lodging, mileage, per diem, etc.)

Units: Identify the number of units to be funded (i.e. Two **(2)** employees' airfare from Phoenix to Chicago). Enter the

number as a numeral.

Amount: Identify the cost per unit of the related expense (i.e. cost per mile, lodging per night, airfare per person,

etc.). Use agency policy for mileage allowance.

Total: This field is automatically calculated by multiplying hours and rate when the page is saved. No data entry required.

5. Operating Expense

Identify and describe requests for operating expenses. Provide a description of the purpose and type of expense

requested. The following fields are required:

Description: Provide a description of the item requested.

Type: Identify whether the requested expense will be a purchase or a lease.

Quantity: Provide the number of items requested as identified in the description.

Each: Provide the cost, per item, as identified in the description.

Total: This field is automatically calculated by multiplying hours and rate when the page is saved.

No data entry required.

6. Equipment Purchase

Identify and describe requests for capital equipment purchases. Provide a description of the purpose and type of

expense requested. The following fields are required:

Description: Provide a description of the item requested.

Quantity: Provide the number of items requested as identified in the description.

Each: Provide the cost, per item, as identified in the description.

Total: This field is automatically calculated by multiplying hours and rate when the page is saved. No data entry

required.

7. Total Project Cost:

This field is automatically calculated when the page is saved. No data entry required.

8. Cash Match (25% of Total Project Cost):

Indicate the source of the match funds. At least one box must be checked. If you check "Other", you must provide a written description of the match source. The 25% cash match field is automatically calculated

9. Federal Funding:

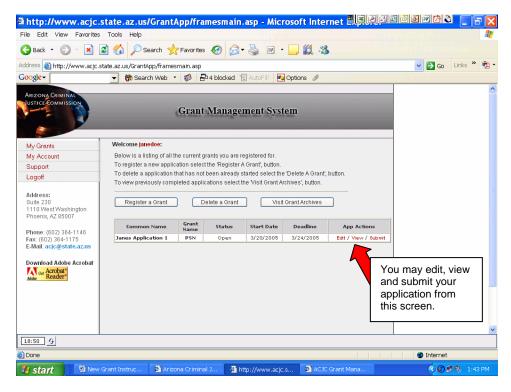
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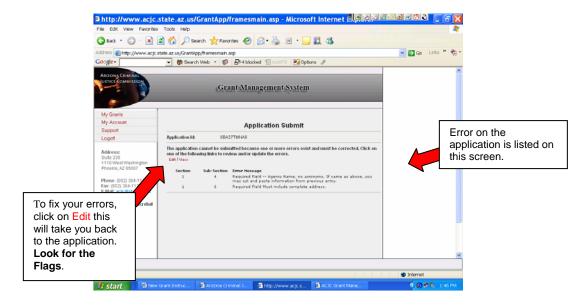
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Editing, Viewing, and Submitting the Application

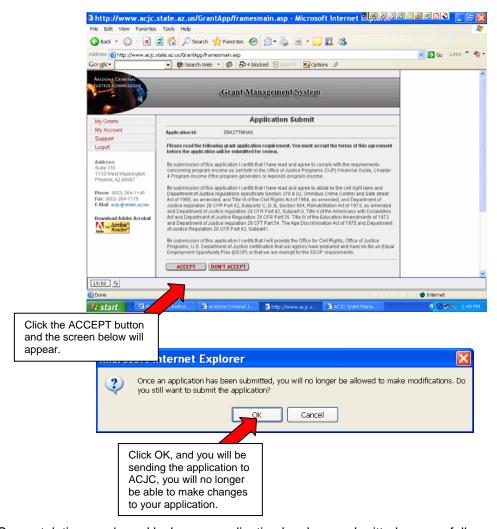
Upon logging in you will find yourself at the My Grants page. All open grants will be identified on this page. From here you may edit, view, and submit your application. When the application is complete, and you have viewed it, click the Submit button and send the completed application to ACJC. You can also submit the completed application from the application itself. You will find the submit button at the end of section III.



When you click submit, you will be brought to one of two pages. If there are any errors, you will find a page identifying what elements are incorrect. The program will not allow you to submit an application with any missing information. An example of an error page is found below. If the page indicates errors, click on the Edit button and resubmit after amending the errors.



If there are no errors, you will be brought to the page found below. Simply click ACCEPT and your application will be sent to ACJC for review. If you do not agree with the statement, click DON'T ACCEPT and you application will not be sent to ACJC and will not be considered for review. You may return to this page and accept at any time prior to the grant deadline as stated in the announcement.



Congratulations and good luck, your application has been submitted successfully.

You may return to My Grants by using your username and password and view your application at anytime.

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